## P04000059919

/D-		
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	<del></del>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200292518302

11/22/16--01005--001 \*\*3700.00

TE NOV 21 AM IO: 43

OLD Resignation

NOV 3 0 2016

D CHOUNG

## TRANSMITTAL LETTER

	(Name of Corpo	evelopers, Inc.	
DOCUMENT NUMBER: P040000			
The enclosed Officer/Director Resignati	on for a Corporation	on and fee are submitted for filir	ıg.
Please return all correspondence concern	ning this matter to	the following:	
Anne Herstol		_	
(Name of Person)		_	
Prince CPA Group			
(Name of Firm/Compa	ny)	_	
9161 Narcoossee Roa	ad Ste 202	) -	
(Address)		_	
Orlando, FL 32827	•		
(City/State and Zip Co	de)	_	
For further information concerning this	matter, please call:	**	50° /
Anne Herstol	<sub>at (</sub> 407	823-8230 de & Daytime Telephone Number	- S
(Name of Person)	(Area Co	de & Daytime Telephone Number	) 住所 る。

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

elopers, Inc.
n organized under the laws of the State of
Torganized under the laws of the state of

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314